

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6574

318

State File No. ....

1003

Registrar's No. 1449

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....									
<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> c. LENGTH OF STAY (in this place) <u>6 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Illmo</u> d. STREET ADDRESS (If rural, give location)									
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Toily</u> b. (Middle) <u>Viola</u> c. (Last) <u>Olson</u>				<b>4. DATE OF DEATH</b> (Month) <u>2</u> (Day) <u>11</u> (Year) <u>1950</u>									
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>9-18-1899</u>		<b>9. AGE</b> (In years last birthday) <u>50</u> If UNDER 1 YEAR Months Days Hours Min.		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housework</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Bertrand Mo</u>					
<b>13a. FATHER'S NAME</b> <u>Frank Lundberg</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anne Hugh</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Wloyd</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b>				<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Wloyd Olson Illmo Mo</u>				<b>ADDRESS</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cancer of Stomach</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b>  <b>DUE TO (c)</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 hrs.</u>			
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>as above</u>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)				<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>151X</u>					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.				<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from</b> <u>11/15/49</u> , 19 <u>49</u> , to <u>2/11/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/10</u> , 19 <u>50</u> , and that death occurred at <u>5A</u> m., from the causes and on the date stated above.													
<b>23a. SIGNATURE</b> <u>Dean Sauer</u> (Degree or title) <u>MD</u>						<b>23b. ADDRESS</b> <u>634 W. Paul</u>						<b>23c. DATE SIGNED</b> <u>2/11/50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>				<b>24b. DATE</b> <u>2-13-50</u>				<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park</u>				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>FEB 14 1950</u>				<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Sauter</u>				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Rowland Mortuary Service Inc</u>				<b>ADDRESS</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 10 1950

MAR 30 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4053

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.